

## 2009 Montana Partnership Information and Composite Tax Return

Attach a copy of federal Form 1065 and Schedule(s) K-1

For calendar year 2009 or tax year beginning (MM-DD) \_\_\_\_ - \_\_\_\_ - **09** and ending (MM-DD-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name Five States Consolidated I, Ltd			FEIN: <u>XX-XXXXXXX</u>
Mailing Address 4925 Greenville Ave., Suite 1220			If new address, check here. <input type="checkbox"/>
City Dallas			Federal Business Code: <u>211110</u>
State TX	Zip + 4 75206-4015	Date Registered in Montana: <u>01/01/1994</u>	
<input checked="" type="checkbox"/> I <b>do not</b> need the Montana Partnership Information Return and Instructions sent to me next year. <input checked="" type="checkbox"/> I am <b>requesting a refund</b> with this tax return.			

- |  |  |
|--|--|
| <input type="checkbox"/> Check if this is an initial return<br><input type="checkbox"/> Check if this is a final return<br>Reason for final return:<br><input type="checkbox"/> a. Withdrawn<br><input type="checkbox"/> b. Dissolved<br><input type="checkbox"/> c. Merged<br><input type="checkbox"/> d. Reorganized | <input type="checkbox"/> Check if this is an amended return<br>If you check the box above, check below all the reasons for amending your return:<br><input type="checkbox"/> a. Federal Revenue Agent Report (a complete copy of this report is required)<br><input type="checkbox"/> b. Apportionment factor changes (attach a statement explaining adjustments)<br><input type="checkbox"/> c. Amended federal return<br><input type="checkbox"/> d. Amended composite return<br><input type="checkbox"/> e. Other (attach a statement explaining all adjustments in detail) |
|--|--|

### Partners' Distributive Share Items (Form 1065, Schedule K)

1. Ordinary business income (loss) .....	1.	2,546,325
2. Net rental real estate income (loss) (attach federal Form 8825) .....	2.	
3. a. Other gross rental income (loss) .....	3a.	
b. Expenses from other rental activities (attach schedule) .....	3b.	
c. Subtract line 3b from line 3a. <b>This is your other net rental income or loss.</b> .....	3c.	
4. Guaranteed payments .....	4.	
5. Interest income .....	5.	4
6. Ordinary dividends .....	6.	5,813
7. Royalties .....	7.	355,977
8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065) .....	8.	
9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065) .....	9.	
10. Net section 1231 gain (loss) (attach federal Form 4797) .....	10.	
11. Other income (loss) (attach detailed schedule) .....	11.	
12. Add lines 1 through 11 and enter result. <b>This is your total share of income or loss.</b> .....	12.	2,908,119

### Partners' Shares of Deduction (Form 1065, Schedule K)

13. Section 179 deduction (attach federal Form 4562) .....	13.	
14. a. Contributions .....	14a.	
b. Investment interest expense .....	14b.	
c. Section 59(e)(2) expenditures. (attach detailed schedule) .....	14c.	356,666
d. Other deductions (attach detailed schedule) .....	14d.	92,350
15. Add lines 13 through 14d and enter result. <b>This is your total share of deductions.</b> .....	15.	449,016

### Partners' Distributive Shares of Montana Additions and Deductions to Income

16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions) .....	16a.	
b. Taxes based on income or profits .....	16b.	
c. Other additions (attach detailed breakdown) .....	16c.	
Add lines 16a, 16b, and 16c; enter result. <b>This is your total Montana additions to income.</b> .....	16.	
17. a. Interest on U.S. government obligations (attach schedule) .....	17a.	
b. Deduction for purchasing recycled material (attach Form RCYL) .....	17b.	
c. Other deductions (attach detailed breakdown) .....	17c.	
Add lines 17a, 17b, and 17c; enter result. <b>This is your total Montana deductions to income.</b> .....	17.	
18. Subtract line 15 from line 12. Add the result to line 16, then subtract line 17 from that result. <b>This is your net taxable income (loss).</b> .....	18.	2,459,103

### Partners' Distributive Shares of Multistate Apportionment and Allocation

19. Income apportioned to Montana. Multiply line 18 X <u>10.0174</u> % from Schedule I, line 5; enter the result ....	19.	246,338
20. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions) .....	20.	
21. Add lines 19 and 20; enter result. <b>This is the total Montana source income for multistate taxpayers.</b> .....	21.	246,338

Entity name Five States Consolidated I, Ltd Tax period ending 12-31-2009 FEIN \_\_\_\_\_**Calculation of Amount Owed or Refund****Partnership Composite Return Tax**22. Enter your Montana total composite tax from Schedule III, column F .....22. 8,316**Partner Backup Withholding**23. Enter the amount of total partner withholding from Schedule III, column G .....23. 4,249**Partnership Montana Mineral Royalty Tax Withheld**

24. a. Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099 ... 24a. 2,140  
 b. Mineral royalty tax withheld attributable to Montana residents ..... 24b. 535  
 c. Mineral royalty tax withheld attributable to nonresidents not reporting on Schedule IV ..... 24c. \_\_\_\_\_  
 d. Add lines 24b and 24c. This is the total mineral royalty tax withheld reported by partners on their income tax returns ..... 24d. 535  
 e. Subtract line 24d from 24a. This is the mineral royalty tax withheld attributable to nonresidents reporting on Schedule IV ..... 24e. 1,605

**Return Payments**

25. a. 2008 overpayment applied to 2009 ..... 25a. 1,000  
 b. 2009 estimated payments ..... 25b. 11,000  
 c. 2009 extension payment ..... 25c. 2,000  
 d. Montana income tax withheld. Attach Form PT-WH ..... 25d. \_\_\_\_\_  
 e. For amended returns only—payments made with original return (see instructions) 25e. \_\_\_\_\_  
 f. For amended returns only—previously issued refunds (see instructions) ..... 25f. \_\_\_\_\_  
 g. Add lines 25a through 25e; then subtract line 25f and enter the result here. **This is your total return payments.** ..... 25g. 14,000  
 26. Add lines 22 and 23, then subtract lines 24e and 25g. **This is your amount due or (overpaid).** ..... 26. (3,040)

**Penalties and Interest (see instructions)**

27. a. Partnership information return late filing penalty ..... 27a. \_\_\_\_\_  
 b. Interest on underpayment of estimated composite tax ..... 27b. \_\_\_\_\_  
 c. Composite income tax return late filing penalty ..... 27c. \_\_\_\_\_  
 d. Late payment penalty ..... 27d. \_\_\_\_\_  
 e. Interest ..... 27e. \_\_\_\_\_  
 f. Add lines 27a through 27e. **This is your total penalties and interest.** ..... 27f. \_\_\_\_\_

**Amount Owed or Refund**

28. Add lines 26 and 27f; enter the result here ..... 28. (3,040)  
 29. If line 28 results in an amount due, enter it here. **This is the amount you owe.** ..... 29. \_\_\_\_\_  
 30. If line 28 results in an overpayment, enter it here. **This is your overpayment.** ..... 30. (3,040)  
 31. Enter the amount from line 30 you want applied to your 2010 composite estimated tax .. 31. 2,040  
 32. Subtract line 31 from line 30 and enter the amount here. **This is your refund.** ..... 32. (1,000)

For Direct Deposit of your refund, complete 1, 2, 3, and 4. Please see instructions on page 8.

1. RTN#                     2. ACCT#                     3. If using direct deposit, you are required to mark one box. ☐ Checking ☐ Savings4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

Name, address and telephone number of paid preparer

☒ Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.

SSN, FEIN or PTIN: \_\_\_\_\_

May the DOR discuss this tax return with your tax preparer? ☐ Yes ☐ No

This tax return has to be signed by a general partner or limited liability company member.

**Declaration**

I, the undersigned general partner or limited liability company member of the partnership for which this tax return is made, hereby declare that this tax return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of general partner or LLC member manager

Date

Printed name and title

Telephone number

X

**Schedule I - Form PR-1, page 3**

Entity name Five States Consolidated I, Ltd Tax period ending 12-31-2009 FEIN XX-XXXXXXX

**Apportionment Factors for Multistate Partnerships**

Enter amounts in columns A and B. Enter percentages in column C.

	A. Everywhere	B. Montana	C. Factor
<b>1. Property Factor:</b> Use average value for real and tangible personal property			
1a. Land .....			
1b. Buildings.....			
1c. Machinery.....			
1d. Equipment.....			
1e. Furniture and fixtures .....			
1f. Leases and leased property .....	6,374,247	596,009	
1g. Inventories.....			
1h. Depletable assets.....			
1i. Supplies and other .....			
1j. Property of foreign subsidiaries included in combined unitary group..			
1k. Property of unconsolidated subsidiaries included in combined unitary group .....			
1l. Property of pass-through entities included in combined unitary group			
1m. Multiply amount of rents by 8 and enter result .....			
<b>Total Property Value</b> add lines 1a through 1m .....	6,374,247	596,009	
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your property factor.</b> .....			9.3503 %
<b>2. Payroll Factor:</b>			
2a. Compensation of officers.....			
2b. Salaries and wages .....			
Payroll included in:			
2c. Costs of goods sold.....			
2d. Other expenses and deductions.....			
2e. Payroll of foreign subsidiaries included in combined unitary group....			
2f. Payroll of unconsolidated subsidiaries included in combined unitary group .....			
2g. Payroll of pass-through entities included in combined unitary group .2g.			
<b>Total Payroll Value</b> add lines 2a through 2g .....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your payroll factor.</b> .....			%
<b>3. Sales (Gross Receipts) Factor:</b>			
3a. Gross sales, less returns and allowances.....			
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana .....	3b.(1)		
(2) Shipped from within Montana .....	3b.(2)		
3c. Sales shipped from Montana to:			
(1) United States government .....	3c.(1)		
(2) Purchasers in a state where the taxpayer is not taxable .....	3c.(2)		
3d. Sales other than sales of tangible personal property (i.e. service income).....	3d.		
3e. Net gains reported on federal Schedule D and federal Form 4797.....	3e.		
3f. Other gross receipts (rents, royalties, interest, etc).....	3f.		
3g. Sales (receipts) of foreign subsidiaries included in combined unitary group .....	3g.		
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group .....	3h.		
3i. Sales (receipts) of pass-through entities included in combined unitary group .....	3i.		
3j. Less: All intercompany transactions.....	3j.		
<b>Total Sales Value</b> add lines 3a through 3j .....	8,822,983	942,709	
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your sales factor.</b> .....			10.6847 %
<b>4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.</b> .....			20.0347 %
<b>5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert in line 19, page 1 of Form PR-1. This is your apportionment factor.</b> .....			10.0174 %

Schedule III - Form PR-1, page 5

Entity name Five States Consolidated I, Ltd Tax period ending 12-31-2009 FEIN xx-xxxxxx

Montana Partnership Information  
Summary Schedule of Income and Supplemental Information

Section A: Resident Partners

A		B		C	D
Name Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)		
1. Leonard Schonberg 6276 Elkhorn Helena, MT 59601	SSN xxx-xx-xxxx FEIN	25%	614,776		
2.	SSN FEIN				
3.	SSN FEIN				
4.	SSN FEIN				
Section A Totals		25%			

Partner Withholding: ☒ yes ☐ no  
Composite Income Tax: ☒ yes ☐ no

Number of Resident Partners	1
Number of Nonresident Partners	3
Total Number of Partners	4

Section B: Nonresident Individual Partners or Second Tier Pass-Through Entity Partners

A		B	C	D	E	F	G	H
Name Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Partner Withholding (see instructions)	Consent Agreement (year)	
1. C Thomas Abbott 4206 Fairfax Dallas, TX 85205	SSN xxx-xx-xxxx	25%	61,585	614,776	4,158			
	FEIN							
2. Robert L Adair 5369 Nacoma Drive Dallas, TX 75209	SSN xxx-xx-xxxx	25%	61,584	614,776	4,158			
	FEIN							
3. Judith Adler 1625 Emmons Ave, Apt 3Y Brooklyn, NY 11235	SSN xxx-xx-xxxx	25%	61,584	614,775		4,249		
	FEIN							
Section B Totals		75%			8,316			
Total of Sections A and B, column C only		100%						

For each nonresident partner, complete ONLY  
one of these three columns: F, G or H. Please  
refer to the instructions for Schedule III

Transfer the total from Column F to Form PR-1, page 2, line 22.  
Transfer the total from Column G to Form PR-1, page 2, line 23.  
Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

Montana Partnership Composite Income Tax Schedule

**Eligible Participating Partners:** An eligible participant is a partner who is a nonresident individual, a foreign C corporation, or a pass-through entity whose only Montana source income for the tax year is from this entity and from other pass-through entities who have elected to file a composite return and pay a composite tax on behalf of the eligible participating partner. The entity must retain an executed power of attorney signed by the eligible participating partner, authorizing the partnership to file a composite return and act on the partner's behalf.

Enter the number of participating partners.    2		Enter below in columns A through J the required information and amounts for each eligible participating partner.							
A	B	C	D	E	F	G	H	I	J
Name	Social Security Number or Federal Employer Identification Number	Federal income from entity	Standard deduction	Exemption \$2,110	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1. C. Thomas Abbott	XXX-XX-XXXX	614,774	3,950	2,110	608,714	41,509	61,585	0.10016	4,158
2. Robert L Adair	XXX-XX-XXXX	614,774	3,950	2,110	608,714	41,509	61,585	0.10016	4,158
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Column J Total		8,316							

Transfer the amounts from column J to PR-1, Schedule III, Section B, column F.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,600	1% (0.010)	\$0	
\$2,600	\$4,500	2% (0.020)	\$26	
\$4,500	\$6,900	3% (0.030)	\$71	
\$6,900	\$9,300	4% (0.040)	\$140	

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$9,300	\$12,000	5% (0.050)	\$233	
\$12,000	\$15,400	6% (0.060)	\$353	
More Than \$15,400	6.9% (0.069)	\$492		

Use additional sheets if necessary or you may use a document formatted similarly to Schedule IV as a substitute.

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Five States Consolidated I, Ltd 4925 Greenville Ave., Suite 1220 Dallas, TX 75206	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address C. Thomas Abbott 4206 Fairfax Dallas, TX 75205			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	<u>25.0000000</u> %	<u>25.0000000</u> %
	Loss	<u>25.0000000</u> %	<u>25.0000000</u> %
	Capital	<u>25.0000000</u> %	<u>25.0000000</u> %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>614,776</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	<u>61,585</u>	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	<u>61,585</u>	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	<u>10.0174</u> %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	<u>63,769</u>	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	<u>146</u>	
8. Royalties .....	8.	<u>8,915</u>	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	<u>4,158</u>	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	_____	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____
2. Film Production Credit expenses .....	2.	_____
3. Mineral royalties tax withholding .....	3.	_____
4. Other information. List type _____ and amount .....	4.	_____

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____
3. Contractor's gross receipts tax credit .....	3.	_____
4. Other credit/recapture information. List type _____ and amount ...	4.	_____

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Five States Consolidated I, Ltd 4925 Greenville Ave., Suite 1220 Dallas, TX 75206	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Robert L Adair 5369 Nacoma Drive Dallas, TX 75209			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	<u>25.0000000</u> %	<u>25.0000000</u> %
	Loss	<u>25.0000000</u> %	<u>25.0000000</u> %
	Capital	<u>25.0000000</u> %	<u>25.0000000</u> %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	<u>614,776</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana .....	D1.	<u>61,584</u>	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	<u>61,584</u>	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	<u>10.0174</u> %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	<u>63,769</u>	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	_____	
7. Ordinary dividends .....	7.	<u>146</u>	
8. Royalties .....	8.	<u>8,915</u>	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	<u>4,158</u>	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	_____	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____
2. Film Production Credit expenses .....	2.	_____
3. Mineral royalties tax withholding .....	3.	_____
4. Other information. List type _____ and amount .....	4.	_____

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____
3. Contractor's gross receipts tax credit .....	3.	_____
4. Other credit/recapture information. List type _____ and amount ...	4.	_____

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) <u>xx-xxxxxxx</u>	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Five States Consolidated I, Ltd 4925 Greenville Ave., Suite 1220 Dallas, TX 75206	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) <u>xxx-xx-xxxx</u>	<b>D</b> Check this box if partner/shareholder is a nonresident: <input checked="" type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Judith Adler 1625 Emmons Ave, Apt 3Y Brooklyn, NY 11235	<b>E</b> Shareholder's percentage of stock ownership _____ %		
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>F</b> Partner's:	Beginning	Ending
	Profit	<u>25.0000000</u> %	<u>25.0000000</u> %
	Loss	<u>25.0000000</u> %	<u>25.0000000</u> %
	Capital	<u>25.0000000</u> %	<u>25.0000000</u> %

## Part 3 - All Partners/Shareholders—Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions.....	A.	<u>614,775</u>	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest.....	B1.	_____	
2. Taxes based on income or profits.....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. <b>Apportioned income.</b> Income apportioned to Montana.....	D1.	<u>61,584</u>	Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount.....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder.....	E.	<u>61,584</u>	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only—Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	<u>10.0174</u> %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	<u>63,769</u>	
3. Net rental real estate income (loss) .....	3.	_____	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments.....	5.	_____	
6. Interest income.....	6.	_____	
7. Ordinary dividends.....	7.	<u>146</u>	
8. Royalties.....	8.	<u>8,915</u>	
9. Net short-term capital gain (loss).....	9.	_____	
10. Net long-term capital gain (loss).....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount.....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder.....	13.	_____	
14. Montana income tax withheld on behalf of partner/shareholder.....	14.	<u>4,249</u>	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____
2. Film Production Credit expenses.....	2.	_____
3. Mineral royalties tax withholding.....	3.	_____
4. Other information. List type _____ and amount .....	4.	_____

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____
2. Health insurance for uninsured Montanans credit (Form HI).....	2.	_____
3. Contractor's gross receipts tax credit .....	3.	_____
4. Other credit/recapture information. List type _____ and amount....	4.	_____



<h1 style="margin:0;">1065</h1> <p style="margin:0; font-size: small;">Form Department of the Treasury Internal Revenue Service</p>		<h2 style="margin:0;">U.S. Return of Partnership Income</h2> <p style="margin:0; font-size: small;">For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20_____. ▶ See separate instructions.</p>		<p style="margin:0; font-size: x-small;">OMB No. 1545-0099</p> <h1 style="margin:0;">2009</h1>
<b>A</b> Principal business activity <b>Oil and Gas</b>	<b>Use the IRS label. Other- wise, print or type.</b>	<b>Name of partnership</b> <b>Five States Consolidated I, Ltd</b>		<b>D</b> Employer identification number
<b>B</b> Principal product or service <b>Oil and Gas</b>		<b>Number, street, and room or suite no. If a P.O. box, see the instructions.</b> <b>4925 Greenville Ave., Suite 1220</b>		<b>E</b> Date business started <b>01/01/2000</b>
<b>C</b> Business code number  <b>211110</b>		<b>City or town, state, and ZIP code</b> <b>Dallas, TX 75206</b>		<b>F</b> Total assets (see the instructions) <b>\$ 3,133,811 00</b>

- G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return  
 (6) ☐ Technical termination - also check (1) or (2)
- H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **4**
- J** Check if Schedules C and M-3 are attached ☐

**Caution.** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	1a	Gross receipts or sales	1a	8,467,275		
	b	Less returns and allowances	1b		1c	
	2	Cost of goods sold (Schedule A, line 8)			8,467,275	
	3	Gross profit. Subtract line 2 from line 1c			5,187,810	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			3,279,465	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))				
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				
	7	Other income (loss) (attach statement)			24,827	
8	<b>Total income (loss).</b> Combine lines 3 through 7			3,304,292		
<b>Deductions</b> <small>(see the instructions for limitations)</small>	9	Salaries and wages (other than to partners) (less employment credits)			9	
	10	Guaranteed payments to partners			10	
	11	Repairs and maintenance			11	
	12	Bad debts			12	26,474
	13	Rent			13	
	14	Taxes and licenses			14	35,989
	15	Interest			15	28,961
	16a	Depreciation (if required, attach Form 4562)	16a	87,631		
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	87,631
	17	Depletion (Do not deduct oil and gas depletion.)			17	
	18	Retirement plans, etc.			18	
	19	Employee benefit programs			19	
	20	Other deductions (attach statement)			20	578,912
	21	<b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20.			21	757,967
22	<b>Ordinary business income (loss).</b> Subtract line 21 from line 8			22	2,546,325	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.			
	Signature of general partner or limited liability company member manager	Date	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN ▶ Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11390Z

Form **1065** (2009)

**Schedule A Cost of Goods Sold** (see the instructions)

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>		
<b>2</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>2</b>		
<b>3</b>	Cost of labor . . . . .	<b>3</b>		
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>		
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	<b>5,187,810</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>		
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>		
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2 . . . . .	<b>8</b>		

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost as described in Regulations section 1.471-3.  
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4.  
(iii) ☐ Other (specify method used and attach explanation) ▶

- b** Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) . . . . . ☐  
**c** Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ☐  
**d** Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? . . . . . ☐ Yes ☒ No  
**e** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . . . . ☐ Yes ☒ No  
If "Yes," attach explanation.

**Schedule B Other Information**

<b>1</b>	What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b>	<input type="checkbox"/> Domestic general partnership		
<b>b</b>	<input checked="" type="checkbox"/> Domestic limited partnership		
<b>c</b>	<input type="checkbox"/> Domestic limited liability company		
<b>d</b>	<input type="checkbox"/> Domestic limited liability partnership		
<b>e</b>	<input type="checkbox"/> Foreign partnership		
<b>f</b>	<input type="checkbox"/> Other ▶		
<b>2</b>	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? . . . . .	✓	
<b>3</b>	At the end of the tax year:		
<b>a</b>	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership . . . . .		✓
<b>b</b>	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership . . . . .		✓
<b>4</b>	At the end of the tax year, did the partnership:		
<b>a</b>	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below . . . . .		✓

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . . ☐ Yes ☒ No

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
<b>5</b> Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details . . . . .		✓
<b>6</b> Does the partnership satisfy <b>all four</b> of the following conditions?		
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 . . . . . If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		✓
<b>7</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)? . . . . .		✓
<b>8</b> During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		✓
<b>9</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .		✓
<b>10</b> At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶ . . . . .		✓
<b>11</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions . . . . .		✓
<b>12a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.		✓
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		✓
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		✓
<b>13</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) . . . . . ▶ <input type="checkbox"/>		
<b>14</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		✓
<b>15</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶ . . . . .		
<b>16</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶ . . . . .		✓
<b>17</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ . . . . .		

**Designation of Tax Matters Partner** (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	Identifying number of TMP ▶
If the TMP is an entity, name of TMP representative ▶	Phone number of TMP ▶
Address of designated TMP ▶	

<b>Schedule K</b>		<b>Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b>	Ordinary business income (loss) (page 1, line 22)	<b>1</b>	<b>2,546,325</b>	
	<b>2</b>	Net rental real estate income (loss) (attach Form 8825)	<b>2</b>		
	<b>3a</b>	Other gross rental income (loss)	<b>3a</b>		
	<b>b</b>	Expenses from other rental activities (attach statement)	<b>3b</b>		
	<b>c</b>	Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>		
	<b>4</b>	Guaranteed payments	<b>4</b>		
	<b>5</b>	Interest income	<b>5</b>	<b>4</b>	
	<b>6</b>	Dividends: <b>a</b> Ordinary dividends <b>b</b> Qualified dividends	<b>6a</b>	<b>5,813</b>	
	<b>7</b>	Royalties	<b>7</b>	<b>355,977</b>	
	<b>8</b>	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>		
	<b>9a</b>	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>		
<b>b</b>	Collectibles (28%) gain (loss)	<b>9b</b>			
<b>c</b>	Unrecaptured section 1250 gain (attach statement)	<b>9c</b>			
<b>10</b>	Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>			
<b>11</b>	Other income (loss) (see instructions) Type ▶	<b>11</b>			
<b>Deductions</b>	<b>12</b>	Section 179 deduction (attach Form 4562)	<b>12</b>		
	<b>13a</b>	Contributions	<b>13a</b>		
	<b>b</b>	Investment interest expense	<b>13b</b>		
	<b>c</b>	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	<b>13c(2)</b>	<b>356,666</b>	
<b>d</b>	Other deductions (see instructions) Type ▶	<b>13d</b>	<b>92,350</b>		
<b>Self-Employment</b>	<b>14a</b>	Net earnings (loss) from self-employment	<b>14a</b>	<b>636,581</b>	
	<b>b</b>	Gross farming or fishing income	<b>14b</b>		
	<b>c</b>	Gross nonfarm income	<b>14c</b>	<b>826,073</b>	
<b>Credits</b>	<b>15a</b>	Low-income housing credit (section 42(j)(5))	<b>15a</b>		
	<b>b</b>	Low-income housing credit (other)	<b>15b</b>		
	<b>c</b>	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	<b>15c</b>		
	<b>d</b>	Other rental real estate credits (see instructions) Type ▶	<b>15d</b>		
	<b>e</b>	Other rental credits (see instructions) Type ▶	<b>15e</b>		
	<b>f</b>	Other credits (see instructions) Type ▶	<b>15f</b>		
<b>Foreign Transactions</b>	<b>16a</b>	Name of country or U.S. possession ▶	<b>16a</b>		
	<b>b</b>	Gross income from all sources	<b>16b</b>		
	<b>c</b>	Gross income sourced at partner level	<b>16c</b>		
	<b>d</b>	Passive category ▶ e General category ▶ f Other ▶	<b>16f</b>		
	<b>g</b>	Deductions allocated and apportioned at partner level			
	<b>h</b>	Interest expense ▶ h Other ▶	<b>16h</b>		
	<b>i</b>	Deductions allocated and apportioned at partnership level to foreign source income			
	<b>j</b>	Passive category ▶ j General category ▶ k Other ▶	<b>16k</b>		
	<b>l</b>	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	<b>16l</b>		
	<b>m</b>	Reduction in taxes available for credit (attach statement)	<b>16m</b>		
<b>n</b>	Other foreign tax information (attach statement)				
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b>	Post-1986 depreciation adjustment	<b>17a</b>		
	<b>b</b>	Adjusted gain or loss	<b>17b</b>		
	<b>c</b>	Depletion (other than oil and gas)	<b>17c</b>		
	<b>d</b>	Oil, gas, and geothermal properties—gross income	<b>17d</b>	<b>8,467,005</b>	
	<b>e</b>	Oil, gas, and geothermal properties—deductions	<b>17e</b>	<b>5,822,430</b>	
	<b>f</b>	Other AMT items (attach statement)	<b>17f</b>		
<b>Other Information</b>	<b>18a</b>	Tax-exempt interest income	<b>18a</b>		
	<b>b</b>	Other tax-exempt income	<b>18b</b>		
	<b>c</b>	Nondeductible expenses	<b>18c</b>	<b>659</b>	
	<b>19a</b>	Distributions of cash and marketable securities	<b>19a</b>	<b>2,743,502</b>	
	<b>b</b>	Distributions of other property	<b>19b</b>	<b>39,563</b>	
	<b>20a</b>	Investment income	<b>20a</b>	<b>361,794</b>	
<b>b</b>	Investment expenses	<b>20b</b>	<b>92,350</b>		
<b>c</b>	Other items and amounts (attach statement)				

**Analysis of Net Income (Loss)**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					<b>1</b>	<b>2,245,103</b>
<b>2</b>	Analysis by partner type:						
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
<b>a</b>	General partners			<b>616,027</b>			
<b>b</b>	Limited partners	<b>15,144</b>	<b>1,033,052</b>	<b>406,131</b>	<b>3,032</b>	<b>385,717</b>	

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
<b>1</b>	Cash		<b>1,001,843</b>		<b>564,398</b>
<b>2a</b>	Trade notes and accounts receivable	<b>50,683</b>		<b>1,141</b>	
<b>b</b>	Less allowance for bad debts		<b>50,683</b>		<b>1,141</b>
<b>3</b>	Inventories				
<b>4</b>	U.S. government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)		<b>555,419</b>		<b>637,773</b>
<b>7</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				
<b>9a</b>	Buildings and other depreciable assets	<b>1,146,969</b>		<b>1,391,397</b>	
<b>b</b>	Less accumulated depreciation	<b>371,229</b>	<b>775,740</b>	<b>458,860</b>	<b>932,537</b>
<b>10a</b>	Depletable assets	<b>5,105,025</b>		<b>5,105,025</b>	
<b>b</b>	Less accumulated depletion	<b>4,509,351</b>	<b>595,674</b>	<b>4,756,977</b>	<b>348,048</b>
<b>11</b>	Land (net of any amortization)				
<b>12a</b>	Intangible assets (amortizable only)	<b>184,237</b>		<b>184,457</b>	
<b>b</b>	Less accumulated amortization	<b>180,589</b>	<b>3,648</b>	<b>182,716</b>	<b>4,741</b>
<b>13</b>	Other assets (attach statement)		<b>645,173</b>		<b>645,173</b>
<b>14</b>	Total assets		<b>3,628,180</b>		<b>3,133,811</b>
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable				<b>29,042</b>
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year				
<b>17</b>	Other current liabilities (attach statement)		<b>8,975</b>		<b>4,870</b>
<b>18</b>	All nonrecourse loans		<b>560,000</b>		
<b>19</b>	Mortgages, notes, bonds payable in 1 year or more				<b>515,000</b>
<b>20</b>	Other liabilities (attach statement)				
<b>21</b>	Partners' capital accounts		<b>3,059,205</b>		<b>2,584,899</b>
<b>22</b>	Total liabilities and capital		<b>3,628,180</b>		<b>3,133,811</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

<b>1</b>	Net income (loss) per books	<b>2,269,196</b>	<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$				<b>30,818</b>
<b>b</b>	Travel and entertainment \$		<b>8</b>	Add lines 6 and 7	<b>30,818</b>
		<b>220,725</b>	<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
<b>5</b>	Add lines 1 through 4	<b>2,489,921</b>			<b>2,459,103</b>

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year	<b>3,059,205</b>	<b>6</b>	Distributions: <b>a</b> Cash	<b>2,743,502</b>
<b>2</b>	Capital contributed: <b>a</b> Cash		<b>b</b> Property	<b>39,563</b>	
	<b>b</b> Property	<b>39,563</b>	<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) per books	<b>2,269,196</b>			
<b>4</b>	Other increases (itemize):		<b>8</b>	Add lines 6 and 7	<b>2,783,065</b>
			<b>9</b>	Balance at end of year. Subtract line 8 from line 5	<b>2,584,899</b>
<b>5</b>	Add lines 1 through 4	<b>5,367,964</b>			

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**

Name(s) shown on return

Five States Consolidated I, Ltd

Business or activity to which this form relates

Oil and Gas

Identifying number

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	87,631
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22	87,631
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L –		
		%				S/L –		
		%				S/L –		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use? . . . . .						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions):					
Loan Cost (Revolver matures 06/30/2012)	11/30/2009	3,220		43M	75
<b>43</b> Amortization of costs that began before your 2009 tax year . . . . .				<b>43</b>	2,052
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	2,127

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Five States Consolidated I, Ltd**  
**4925 Greenville Ave., Suite 1220**  
**Dallas, TX 75206**

**C** IRS Center where partnership filed return  
**Ogden, Utah**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Leonard Schonberg**  
**6276 Elkhorn**  
**Helena, MT 59601**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? individual

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	25.0000000	%	25.0000000	%
Loss	25.0000000	%	25.0000000	%
Capital	25.0000000	%	25.0000000	%

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ 0

**L** Partner's capital account analysis:

Beginning capital account . . . \$ 1,332,100  
Capital contributed during the year . . . \$ \_\_\_\_\_  
Current year increase (decrease) . . . \$ 9913  
Withdrawals & distributions . . . \$ (695,766)  
Ending capital account . . . \$ 646,225

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	<b>16</b> Foreign transactions
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	<b>1</b>
<b>6a</b> Ordinary dividends	<b>1454</b>
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	<b>88,995</b>
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	<b>19</b> Distributions
<b>13</b> Other deductions	<b>695,766</b>
<b>14</b> Self-employment earnings (loss)	<b>20</b> Other information

\*See attached statement for additional information.

For IRS Use Only



**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Five States Consolidated I, Ltd**  
**4925 Greenville Ave., Suite 1220**  
**Dallas, TX 75206**

**C** IRS Center where partnership filed return  
**Ogden, Utah**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**C. Thomas Abbott**  
**4206 Fairfax**  
**Dallas, TX 75205**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	25.0000000	%	25.0000000	%
Loss	25.0000000	%	25.0000000	%
Capital	25.0000000	%	25.0000000	%

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **0**

**L** Partner's capital account analysis:

Beginning capital account . . . . . \$ **1,332,100**  
Capital contributed during the year . . . . . \$ \_\_\_\_\_  
Current year increase (decrease) . . . . . \$ **9913**  
Withdrawals & distributions . . . . . \$ ( **695,766** )  
Ending capital account . . . . . \$ **646,225**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
	<b>636,581</b>		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
<b>4</b>	Guaranteed payments		
<b>5</b>	Interest income	<b>1</b>	
<b>6a</b>	Ordinary dividends		
	<b>1453</b>		
<b>6b</b>	Qualified dividends		
<b>7</b>	Royalties		
	<b>88,994</b>		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain		
<b>10</b>	Net section 1231 gain (loss)	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction		
<b>13</b>	Other deductions		
	<b>89,167</b>	<b>19</b>	Distributions
	<b>23,088</b>		
<b>14</b>	Self-employment earnings (loss)	<b>20</b>	Other information

\*See attached statement for additional information.

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Schedule K-1**  
**(Form 1065)****2009**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

<b>Part I Information About the Partnership</b>																					
<b>A</b>	Partnership's employer identification number																				
<b>B</b>	Partnership's name, address, city, state, and ZIP code <b>Five States Consolidated I, Ltd</b> <b>4925 Greenville Ave., Suite 1220</b> <b>Dallas, TX 75206</b>																				
<b>C</b>	IRS Center where partnership filed return <b>Ogden, Utah</b>																				
<b>D</b>	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																				
<b>Part II Information About the Partner</b>																					
<b>E</b>	Partner's identifying number																				
<b>F</b>	Partner's name, address, city, state, and ZIP code <b>Robert L Adair</b> <b>5369 Nacoma Drive</b> <b>Dallas, TX 75209</b>																				
<b>G</b>	<input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member																				
<b>H</b>	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner																				
<b>I</b>	What type of entity is this partner? <u>individual</u>																				
<b>J</b>	Partner's share of profit, loss, and capital (see instructions): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: right;">Beginning</th> <th style="width: 10%; text-align: center;">%</th> <th style="width: 40%; text-align: right;">Ending</th> <th style="width: 10%; text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> <td style="text-align: right;">25.0000000</td> <td style="text-align: center;">%</td> </tr> </tbody> </table>		Beginning	%	Ending	%	Profit	25.0000000	%	25.0000000	%	Loss	25.0000000	%	25.0000000	%	Capital	25.0000000	%	25.0000000	%
	Beginning	%	Ending	%																	
Profit	25.0000000	%	25.0000000	%																	
Loss	25.0000000	%	25.0000000	%																	
Capital	25.0000000	%	25.0000000	%																	
<b>K</b>	Partner's share of liabilities at year end: Nonrecourse . . . . . \$ _____ Qualified nonrecourse financing . . . . . \$ _____ Recourse . . . . . \$ <u>0</u>																				
<b>L</b>	Partner's capital account analysis: Beginning capital account . . . . . \$ <u>1,332,100</u> Capital contributed during the year . . . . . \$ _____ Current year increase (decrease) . . . . . \$ <u>9913</u> Withdrawals & distributions . . . . . \$ ( <u>695,766</u> ) Ending capital account . . . . . \$ <u>646,225</u>  <input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) _____																				
<b>M</b>	Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach statement (see instructions)																				

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>		
<b>1</b>	Ordinary business income (loss) <b>636,581</b>	<b>15</b> Credits
<b>2</b>	Net rental real estate income (loss)	
<b>3</b>	Other net rental income (loss)	<b>16</b> Foreign transactions
<b>4</b>	Guaranteed payments	
<b>5</b>	Interest income <b>1</b>	
<b>6a</b>	Ordinary dividends <b>1453</b>	
<b>6b</b>	Qualified dividends	
<b>7</b>	Royalties <b>88,994</b>	
<b>8</b>	Net short-term capital gain (loss)	
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b>	Collectibles (28%) gain (loss)	
<b>9c</b>	Unrecaptured section 1250 gain	
<b>10</b>	Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b>	Other income (loss)	
<b>12</b>	Section 179 deduction	<b>19</b> Distributions <b>695,766</b>
<b>13</b>	Other deductions <b>89,166</b>	<b>20</b> Other information
	<b>23,087</b>	
<b>14</b>	Self-employment earnings (loss)	
*See attached statement for additional information.		
For IRS Use Only		

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Five States Consolidated I, Ltd**  
**4925 Greenville Ave., Suite 1220**  
**Dallas, TX 75206**

**C** IRS Center where partnership filed return  
**Ogden, Utah**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Judith Adler**  
**1625 Emmons Ave, Apt 3Y**  
**Brooklyn, NY 11235**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	25.0000000	%	25.0000000	%
Loss	25.0000000	%	25.0000000	%
Capital	25.0000000	%	25.0000000	%

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **0**

**L** Partner's capital account analysis:

Beginning capital account . . . . \$ **1,332,100**  
Capital contributed during the year . . . \$ \_\_\_\_\_  
Current year increase (decrease) . . . \$ **9913**  
Withdrawals & distributions . . . \$ ( **695,766**)  
Ending capital account . . . . . \$ **646,225**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	<b>1</b>
<b>6a</b> Ordinary dividends	<b>1453</b>
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	<b>88,994</b>
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	<b>19</b> Distributions
<b>13</b> Other deductions	<b>695,766</b>
	<b>20</b> Other information
	<b>23,087</b>
<b>14</b> Self-employment earnings (loss)	

\*See attached statement for additional information.

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